

Foster Family Home - Corrective Action Report

Provider ID: 1-160035

Home Name: Marlene Casem, CNA

Review ID: 1-160035-3

98-1443 Hoohiki St.

Reviewer: Sue Lo

Pearl HI 96782

Begin Date: 4/4/2018

End Date: 4/13/2018

Foster Family Home


Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 2 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required.


Compliance Manager



Primary Care Giver

4/5/2018
Date

4/5/2018
Date